

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/830,115
	Filing Date	April 23, 2004
	First Named Inventor	Loren Eckart
	Art Unit	3623
	Examiner Name	David Robertson
	Attorney Docket Number	123306-177657

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 070813

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 070813

OR

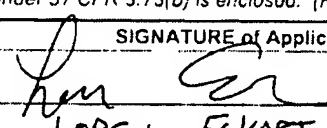
<input type="checkbox"/> Firm or Individual Name				
Address				
City				
Country		State		Zip
Telephone		Email		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature				
Name	LOREN ECKART			
Date	3/26/08		Telephone	404-964-3471

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted